

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CS</i>	<i>19/</i>	<i>2-15-78</i>
O.I.P.E. CLASSIFIER	<i>JW</i>	<i>65-196</i>	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim		Date
Final	Original	
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	0	
8	0	
9	0	
10	0	
11	0	
12	✓	
13	✓	
14	✓	
15	✓	
16	✓	
17	0	
18	0	
19	0	
20	0	
21	✓	
22	✓	
23	✓	
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33	✓	
34	✓	
35	✓	
36	✓	
37	0	
38	0	
39	0	
40	0	
41	0	
42	✓	
43	✓	
44	✓	
45	✓	
46	✓	
47	0	
48	0	
49	0	
50	0	

Claim		Date
Final	Original	
51	✓	
52	✓	
53	✓	
54	✓	
55	✓	
56	✓	
57	✓	
58	✓	
59	✓	
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61	✓	
62	✓	
63	✓	
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65	✓	
66	✓	
67	0	
68	0	
69	0	
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72	✓	
73	✓	
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81	✓	
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Claim		Date
Final	Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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